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DECLARATION AND POWER OF ATTORNEY U.S.A.

FOR ATTORNEYS' USE ONLY

ATTORNEYS' DOCKET NO.

ALL PATENTS, INCLUDING DESIGN, FOR APPLICATION BASED ON PCT, PARIS CONVENTION, NON PRIORITY, OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or a first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

Automatic Diagnostic Apparatus

which is described and claimed in: [X] PCT International Application No. PCT/GB97/00888 filed 27 March 1997 [ ] the attached specification [ ] the specification in application Serial No. filed (if applicable) and amended on

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.55. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) 9606728.5 United Kingdom 29/03/96 9622853.1 United Kingdom 01/11/96 9705243.5 United Kingdom 13/03/97

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below: Application No. Filing Date Application No. Filing Date

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SEND CORRESPONDENCE TO: JACOBSON, PRICE, HOLMAN & STERN PROFESSIONAL LIMITED LIABILITY COMPANY 400 Seventh Street, N.W. Washington, D.C. 20004 DIRECT TELEPHONE CALLS TO: (202) 638-6666 JACOBSON, PRICE, HOLMAN & STERN PROFESSIONAL LIMITED LIABILITY COMPANY

\*Inventor(s) name must include at least one unabbreviated first or middle name.

Table with 4 columns: FULL NAME OF INVENTOR, FAMILY NAME, GIVEN NAME, MIDDLE NAME. Rows for Inventors 204 (CASALIN Paola), 205 (CONNOLLY Patricia), and 203.

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 204, 205, 203 DATE 2/11/98

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SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
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JAN 20 2004



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(Number)	(Country)	(Day/Month/Year Filed)	Priority Claimed
<u>9606728.5</u>	<u>United Kingdom</u>	<u>29/03/96</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>9622853.1</u>	<u>United Kingdom</u>	<u>01/11/96</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Priority Claimed

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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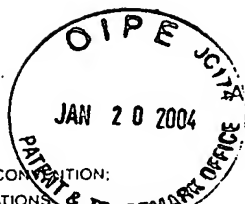
	FULL NAME* OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
201	RESIDENCE & CITIZENSHIP	CITY London	STATE OR FOREIGN COUNTRY United Kingdom	COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 20 Belsize Avenue	CITY London	STATE OR COUNTRY United Kingdom
				ZIP CODE NW3 4AU
202	FULL NAME* OF INVENTOR	FAMILY NAME COPE	GIVEN NAME Neville	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY West Sussex	STATE OR FOREIGN COUNTRY United Kingdom	COUNTRY OF CITIZENSHIP United Kingdom
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 20 Glebelands, Pulborough, West Sussex	CITY United Kingdom	STATE OR COUNTRY United Kingdom
			ZIP CODE RH20 1JJ	
203	FULL NAME* OF INVENTOR	FAMILY NAME LISSANDRELLO	GIVEN NAME Fabio	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY Milano	STATE OR FOREIGN COUNTRY Italy	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Via Sigeri, 10	CITY Milano	STATE OR COUNTRY Italy
			ZIP CODE 20135	

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
		<i>Fabio Lissandrello</i>
DATE	DATE	DATE 28-10-98

☐ Additional inventors are named on separately numbered sheets attached hereto.

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# DECLARATION AND POWER OF ATTORNEY U.S.A.

ATTORNEYS' USE ONLY

ATTORNEYS' DOCKET NO.

ALL PATENTS, INCLUDING DESIGN  
FOR APPLICATION BASED ON PCT, PARIS CONVENTION;  
NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or a first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

## Automatic Diagnostic Apparatus

which is described and claimed in: ☒ PCT International Application No. PCT/GB97/00888 filed 27 March 1997  
☐ the attached specification ☐ the specification in application Serial No. \_\_\_\_\_ filed \_\_\_\_\_  
(if applicable) and amended on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

(Number)	(Country)	(Day/Month/Year Filed)	Priority Claimed
<u>9606728.5</u>	<u>United Kingdom</u>	<u>29/03/96</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>9622853.1</u>	<u>United Kingdom</u>	<u>01/11/96</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>9705243.5</u>	<u>United Kingdom</u>	<u>13/03/97</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_ Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) \_\_\_\_\_ (Filing Date) \_\_\_\_\_ (Status: patented, pending, abandoned)

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); D. DOUGLAS PRICE (24,514); JOHN CLARKE HOLMAN (22,769); MARVIN R. STERN (20,640); MICHAEL R. SLOBASKY (26,421); JONATHAN L. SCHERER (29, 851); STANFORD W. BERMAN (17,909); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409)

SEND CORRESPONDENCE TO:

JACOBSON, PRICE, HOLMAN & STERN  
PROFESSIONAL LIMITED LIABILITY COMPANY  
400 Seventh Street, N.W.  
Washington, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 638-6666

JACOBSON, PRICE, HOLMAN & STERN  
PROFESSIONAL LIMITED LIABILITY COMPANY

\*Inventor(s) name must include at least one unabbreviated first or middle name.

201	FULL NAME* OF INVENTOR	FAMILY NAME	GIVEN NAME		MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
202	FULL NAME* OF INVENTOR	FAMILY NAME	GIVEN NAME		MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
203	FULL NAME* OF INVENTOR	FAMILY NAME	GIVEN NAME		MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE

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SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE	DATE	DATE

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OF POWER OF ATTORNEY  
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Automatic Diagnostic Apparatus

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<u>9705243.5</u> (Number)	<u>United Kingdom</u> (Country)	<u>13/03/97</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_ Application No. \_\_\_\_\_ Filing Date \_\_\_\_\_

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(Application Serial No.)	(Filing Date)	(Status: patented, pending, abandoned)
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SEND CORRESPONDENCE TO: <b>JACOBSON, PRICE, HOLMAN &amp; STERN</b> PROFESSIONAL LIMITED LIABILITY COMPANY 400 Seventh Street, N.W. Washington, D.C. 20004	DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666 <b>JACOBSON, PRICE, HOLMAN &amp; STERN</b> PROFESSIONAL LIMITED LIABILITY COMPANY
---	---

\*Inventor(s) name must include at least one unabbreviated first or middle name.

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SIGNATURE OF INVENTOR 201: <u>P. Casalin</u>	SIGNATURE OF INVENTOR 202: <u>Patricia Connolly</u>	SIGNATURE OF INVENTOR 203: _____
DATE: <u>28.10.98</u>	DATE: _____	DATE: _____